

66713 8 55
GROUP 369

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	314	1-28-85
TYPIST	318	1/30
VERIFIER	290	2/1 96
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	3-25-86
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add to

SYMBOLS

-	Rejected
-	Allowed
(Through number)	Canceled
-	Restricted
-	Non-elected
-	Interference
A	Appeal
O	Objected

Claim	Date
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